24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC		C C00544767
Check if 24-hour report X 48-hour report New	report Amends repor	t filed on Man / Dab / Yaryay
Full Name of Payee Campaign Solutions		Date of Public Distribution/Dissemination
		07 01 2015
Mailing Address 117 N. Saint Asaph St		Amount
City State	Zip Code	15000.00
Alexandria VA	22314	Transaction ID : SE24.1017 Date of Disbursement or Obligation
Purpose of Expenditure Estimate of July Monthly List Rental Fees	Category/ Type 004	07 01 2015
Name of Federal Candidate	Support	Office Sought: House District:
Hillary Clinton	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	261300.00	Disbursement For: Primary
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination
Campaign Solutions		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 N. Saint Asaph St		Amount
City State	Zip Code	4000.00
Alexandria VA	22314	Transaction ID : SE24.1018 Date of Disbursement or Obligation
Purpose of Expenditure Estimate of July Monthly External Deployment Costs	Category/ Type 004	07 01 2015
Name of Federal Candidate	Support	Office Sought: House District:
Hillary Clinton	X Oppose	X President Senate State:
Calendar Year-To-Date Per Election for Office Sought	261300.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		19000.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		>
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority party committee) any political party committee or its agent.		
Dan Backer [Elect	tronically Filed] Date	07 03 2015
Signature	Sale	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
Check if 24-hour report X 48-hour report New report Amends report	rt filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Campaign Solutions	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 117 N. Saint Asaph St	Amount
City State Zip Code	5000.00
Alexandria VA 22314	Transaction ID : SE24.1019 Date of Disbursement or Obligation
Purpose of Expenditure Estimate of July Monthly Facebook Advertising Category/ Type 004	07 01 7 2015
Name of Federal Candidate Support	Office Sought: House District:
Hillary Clinton Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 261300.00	Disbursement For: Primary
Full Name of Payee CD, Inc.	Date of Public Distribution/Dissemination
Mailing Address	07 01 / 2015
Mailing Address 117 N. Saint Asaph St	Amount
City State Zip Code	10000.00
Alexandria VA 22314	Transaction ID : SE24.1020 Date of Disbursement or Obligation
Purpose of Expenditure Estimate of July Monthly List Rental Fees Category/ Type 004	07 / 01 / Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Hillary Clinton Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 261300.00	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Dan Backer [Electronically Filed] Date	07 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Stop Hillary PAC	C C00544767
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee American Action News, LLC	Date of Public Distribution/Dissemination
Mailing Address 203 S. Union St, Ste 300	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Amount
City State Zip Code Alexandria VA 22314	1000.00 Transaction ID : SE24.1021
Purpose of Expenditure Estimate of July Monthly Online Advertising Fees Category/ Type 004	Date of Disbursement or Obligation 07 01 01 02015
Name of Foderal Condidate	Cought: House District:
Support Office	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary
Full Name of Payee Political List Brokers, LLC Mailing Address 107.5 West St	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 S. West St	Amount
City State Zip Code Alexandria VA 22314	25000.00 Transaction ID : SE24.1022 Date of Disbursement or Obligation
Purpose of Expenditure Estimate of July Monthly List Rental Fees Category/ Type 004	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	e Sought: House District:
	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 261300.00 2016	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	26000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Dan Backer [Electronically Filed] Date O	7 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Stop Hillary PAC	C C00544767	
	V	
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y	
Full Name of Payee The Rainmakers	Date of Public Distribution/Dissemination	
	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 5211 Port Royal Road	Amount	
City State Zip Code	5000.00	
Springfield VA 22151	Transaction ID : SE24.1023 Date of Disbursement or Obligation	
Purpose of Expenditure Estimate of July Monthly Phone Outreach Fees Category/ Type 004	07 01 / 2015	
Name of Federal Candidate Support Office	Sought: House District:	
Hillary Clinton Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbut 201300.00	rrsement For: Primary	
Full Name of Payee Oxford Communications LLC	Date of Public Distribution/Dissemination	
Oxford Communications ELC	07	
Mailing Address 121 S Alfred St	Amount	
City State Zip Code	10000.00	
Alexandria VA 22314	Transaction ID : SE24.1024 Date of Disbursement or Obligation	
Purpose of Expenditure Estimate of July Monthly Phone Outreach Fees Category/ Type 004	07	
Name of Federal Candidate Support Office	e Sought: House District:	
Hillary Clinton Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbut 201300.00	ursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	15000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Dan Backer [Electronically Filed] Date Signature	7 03 2015	
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 5 OF 5 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Stop Hillary PAC	C C00544767		
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y		
	Public Distribution/Dissemination		
	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 421 East E St Amount	t		
City State Zip Code	10000.00		
Date of	ction ID : SE24.1025 f Disbursement or Obligation		
	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sought:	House District:		
Hillary Clinton			
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For: Primary X General ner (specify) ►		
	f Public Distribution/Dissemination		
Mailing Address Amount	t		
City State Zip Code			
	f Disbursement or Obligation		
Purpose of Expenditure Category/ Type	M / D D / Y Y Y Y Y		
Name of Federal Candidate Support Office Sought:	: House District:		
Oppose Presider	nt Senate State:		
Calendar Year-To-Date Per Election for Office Sought Disbursement	,		
Otr	her (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	10000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7		
(c) TOTAL Independent Expenditures	85000.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
[Electronically Filed] Date 07	03 2015		
Signature			